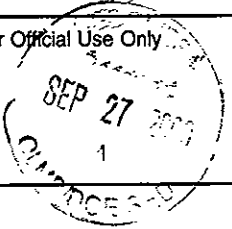
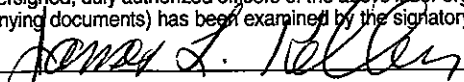
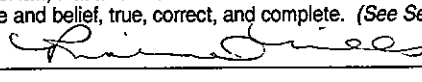


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 2 9 - 2 5 7	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 1 9 9 9 Through 0 6 3 0 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
4. AFFILIATION OR ORGANIZATION NAME RICHARD MILLS (3) G29-257 CARPENTERS AFL-CIO 520 DC ARTISANA 1401 N 25TH AVE 2 EAST PHOENIX, AZ 85009 6/2000			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in item 75.)			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number			
11	SEE ATTACHMENT 1		
12	SEE ATTACHMENT 2		
14	AUDIT WAS PERFORMED BY OUTSIDE ACCOUNTING FIRM, KLECKA, WILKINS & KLECKA		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  09 125100 (602) 995-5935 Date Telephone Number		77. SIGNED:  09 125100 (602) 272-2700 Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | XX | |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | XX | |
| 12. Have a political action committee (PAC) fund? | XX | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | XX | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | XX | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | XX | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | XX | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | XX | |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 6 3 6
19. What is the date of your organization's next regular election of officers? MO YEAR
0 6 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	MIN - .40 \$ MAX - .54 per HOUR (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00
(c) Transfer Fees	\$ -0-
(d) Work Permits	\$ -0- per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes No
XX
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? XX
24. Did your organization have any contingent liabilities at the end of the reporting period? XX

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 2 9 — 2 5 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash		3 4 5 4 2 0	9 3 6 6 3 4
	26. Accounts Receivable			
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	5 0 2 9 8	1 3 8 8 0 5
	31. Other Assets	3	2 6 0 3	2 6 0 3
	32. TOTAL ASSETS		3 9 8 3 2 1	1 0 7 8 0 4 2
LIABILITIES	33. Accounts Payable		8 0 9 6	2 7 3 3
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4		3 2 9 5
	37. TOTAL LIABILITIES		8 0 9 6	6 0 2 8
	38. NET ASSETS (Item 32 less Item 37)		3 9 0 2 2 5	1 0 7 2 0 1 2

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 9 - 2 5 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 1 0 6 1	56. To Officers	9		4 1 7 5 4 5
40. Per Capita Tax			1 5 7 4 7 1 0	57. To Employees	10		1 8 6 5 4 3
41. Fees				58. Per Capita Tax			5 8 1 7
42. Fines			5 0 0	59. Fees, Fines, Assessments, etc.			
43. Assessments			2 7 3 8 7	60. Office & Administrative Expense	13		3 5 9 9 4
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			5 8 5 2
46. Interest			2 3 7 1 3	63. Benefits	11		1 6 6 5 6 7
47. Dividends				64. Contributions, Gifts & Grants	12		1 7 5 1
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			5 1 3 2 0
50. Loans Obtained	8			67. Withholding Taxes			
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		1 1 6 7 2 0
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		1 0 3 3 1 8	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		1 5 9 3 0 0
55. TOTAL RECEIPTS			1 7 4 0 6 8 9	74. TOTAL DISBURSEMENTS			1 1 4 7 4 0 9

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 2 9 - 2 5 7

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____	NONE				
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	NONE
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 2 9 - 2 5 7

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID EXPENSES	2080
2. DEPOSITS	523
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 6 0 3
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. NONE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 2 9 — 2 5 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	185,351	88,782	96,569	96,000
6. Office Furniture and Equipment	70,875	28,639	42,236	43,000
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	256,226	117,421	1 3 8 8 0 5	139,000

Enter the Total from Line 8, Column (D) in Item 30, Column (B)


SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. NONE				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	






Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 9 - 2 5 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. AUTOMOBILES	81920	81920	81920
2. FURNITURE AND FIXTURES	34800	34800	34800
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. NONE					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in  Item 34 Column (C)  Item 50  Item 70  Item 75 with Explanation  Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 029-257

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. K E L L E Y J A M E S Title P R E S I D E N T Status C		8 7 1 9	0	0	0	8 7 1 9
2. K A S P R Z Y C K I E D Title V I C E P R E S I D E N T Status C		0	0	0	0	0
3. M I L L S R I C H A R D Title E X E C S E C - T R E A S Status C		7 7 8 0 3	0	0	0	7 7 8 0 3
4. E L L I S J A M E S Title W A R D E N Status C		0	0	0	0	0
5. C O D Y A L F R E D Title C O N D U C T O R Status N		0	0	0	0	0
6. R O B I C H A U D E D G A R Title T R U S T E E Status C		0	0	0	0	0
7. B L A C K F O R D R O D N E Y Title T R U S T E E Status C		0	0	0	0	0
8. Totals from additional pages (if any)		331023	0	0	0	331023
9. Totals of Lines 1 through 8		417545	0	0	0	417545
10. Less Deductions				0		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 4 1 7 5 4 5		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 9 - 2 5 7

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: C O R P O R A First Name: B E R L I N D A Position: A D M I N A S S I S T A N T Name of Affiliated Organization:	3 6 8 8 4	0	0	0	3 6 8 8 4
Last Name: H A R R I N G T O N First Name: T H O M A S Position: O R G A N I Z E R Name of Affiliated Organization:	1 1 9 8 4	0	0	0	1 1 9 8 4
Last Name: H Y N E S First Name: T H O M A S Position: O R G A N I Z E R Name of Affiliated Organization:	3 2 3 1 1	0	0	0	3 2 3 1 1
Last Name: M C C A R T Y First Name: F R A N K Position: B U S I N E S S R E P Name of Affiliated Organization:	3 3 5 3 5	0	0	0	3 3 5 3 5
Last Name: M I R E L E S First Name: J O S E Position: O R G A N I Z E R Name of Affiliated Organization:	1 2 2 7 6	0	0	0	1 2 2 7 6
6. Totals from additional pages (if any)	59553	0	0	0	59553
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	186543	0	0	0	186543
9. Less Deductions			0		
Enter the Total from Line 10 in Item 57 ➡			10. Net Disbursements 1 8 6 5 4 3		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 2 9 — 2 5 7

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	WESTERN STATE OFFICE/PROF EMPLOYER	3869
2. PENSION	AZ STATE CARPENTERS TRUST FUND	91619
3. PENSION	UBOC INTERNATIONAL	71079
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 6 6 5 6 7
Enter the Total from Line 6 in		Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CONTRIBUTIONS TO CHARITIES	1751
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 7 5 1
Enter the Total from Line 8 in Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. ADVERTISING	1236
2. BANKING	43
3. OFFICE SUPPLIES & POSTAGE	10691
4. REIMBURSEMENTS	18655
5. MAINTENANCE	2494
6. NEWSLETTER	2875
7. Total from additional pages (if any)	0
8. Total of Lines 1 through 7	3 5 9 9 4
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. BLDG TRADES & CENTRAL LABOR COUNCIL	5792
2. BLOOD PLAN	195
3. PICNIC CONTRIBUTIONS	4003
4. PAC VOLUNTARY CONTRIBUTIONS	N/A
5. RAFFLE, SALES, T-SHIRTS	3350
6. REIMBURSEMENTS & ORG. EXPENSE	35890
7. CONVENTION CONTRIBUTION	770
8. MISC. REFUNDS & REIMBURSEMENTS & RECEIPTS	53318
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 3 3 1 8
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. AUTOMOBILE EXPENSE	45671
2. DUES & SUBSCRIPTIONS	746
3. INSURANCE & BONDS	3601
4. MEETINGS, CONFERENCES, CONVENTIONS	22007
5. MISCELLANEOUS	4165
6. PICNIC EXPENSE	3847
7. PICKET & ORGANIZING	62226
8. PICKET FLOOR COVERING INDUSTRY	1960
9. PRINTING	3646
10. RAFFLE PRIZE & PROMOTIONS	835
11. TELEPHONE	7677
12. TRAINING	2919
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 5 9 3 0 0
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
ARIZONA STATE DISTRICT COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED: **6-30-2000**

FILE NUMBER: **029-257**

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME:
ARIZONA STATE DISTRICT COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:
6-30-2000

FILE NUMBER: **029-257**

PAGE **1** OF **1** ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name BROSSEAU First Name EUGENE Title TRUSTEE Status C		49925	0	0	0	49925
Last Name CAHILL First Name ALAN Title EXEC COMMITTEE Status C		47226	0	0	0	47226
Last Name CRISHER First Name STAN Title EXEC COMMITTEE Status C		49118	0	0	0	49118
Last Name LUSSON First Name GERRY Title EXEC COMMITTEE Status C		49200	0	0	0	49200
Last Name MARTIN First Name WILLIAM Title TRUSTEE Status C		48017	0	0	0	48017
Last Name MILLER First Name WILEY Title EXEC COMMITTEE Status C		37565	0	0	0	37565
Last Name STEVENSON First Name DON Title EXEC COMMITTEE Status C		49972	0	0	0	49972
Last Name DRAKE First Name HARRY Title EXEC COMMITTEE Status P		0	0	0	0	0
Totals		331023	0	0	0	331023

ORGANIZATION NAME:
ARIZONA STATE DISTRICT COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:
6-30-2000

FILE NUMBER: **0 2 9 - 2 5 7**

PAGE **1** OF **1** ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: O H T O N First Name: D A N I E L Position: O R G A N I Z O R Name of Affiliated Organization:	4 7 8 2 5	0	0	0	4 7 8 2 5
Last Name: R I C H A R D S O N First Name: E L Y Position: G E N E R A L O F F I C E Name of Affiliated Organization:	1 1 7 2 8	0	0	0	1 1 7 2 8
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization:					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization:					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization:					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization:					
Totals	59553				59553

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 0 2 9 - 2 5 7

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ARIZONA STATE DISTRICT COUNCIL OF CARPENTERS
Form LM-2, Page 1, Question 11
For Fiscal Year Ended June 30, 2000

Maintenance of Separate Bank Accounts for

Arizona State District Council of Carpenters

"Blood Plan" Per By-Laws Dated 1/2/62:

Balance in Accounts 6/30/99	\$ 41,530
Receipts for Year	195
Interest Earned	1,588
Disbursements for Year	<u>(333)</u>
Balance in Account 6/30/00	<u><u>\$ 42,980</u></u>

ARIZONA STATE DISTRICT COUNCIL OF CARPENTERS

Form LM-2, Page 1, Question 12

For Fiscal Year Ended June 30, 2000

The Political Action Committee (known as PAC) is a separate segregated fund to be used for lawful, political purposes. Monies for this fund are accumulated from voluntary contributions from Local Union members and their families. The Committee for this Fund determines the expenditures to be made for political action, such as contributions to candidates for state, county and local office and for the promotion of voter education and registration programs.

Balance in Account 6/30/99	\$	3,419
Receipts for Year		3,350
Interest Earned		64
Disbursements for Year		<u>(2,494)</u>
Balance in Account 6/30/00	\$	<u><u>4,339</u></u>

